



King County Mental Health, Chemical Abuse and Dependency Services Division

Department of Community and Human Services

VOCATIONAL SERVICES PLAN

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King County Mental Health, Chemical Abuse and Dependency Services Division

**King County Mental Health, Chemical Abuse and Dependency Services Division
Vocational Services Plan**

EXECUTIVE SUMMARY

People with severe and persistent mental illness, just like any group of American adults, desire economic opportunity and self-sufficiency. Evidence-based practices clearly show that clients who wish to work can do so, provided the right supports, even if they are experiencing symptoms of their illness.

The most consistent predictors of employment for persons with a mental illness are the desire to work, work history and premorbid functioning. Factors related to unemployment include the episodic nature of the illness, stigma, financial disincentives, provider pessimism about the ability to work and the lack of access to effective services.

The King County Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) Vocational Services Plan (Plan) recommends strategies to support clients in leading productive lives. The Plan is the result of the following activities:

- An investigation into the history and current state of vocational services within the King County mental health system
- A literature review
- Consultation with experts in the field

The Plan was also informed by the collaborative efforts of a work group of stakeholders including:

- A consumer from the King County Regional Support Network (RSN) Quality Review Team
- Vocational services staff from King County Mental Health Plan (KCMHP) network providers
- A chief executive officer from one of the KCMHP network providers
- Advocates
- A representative of the state Division of Vocational Rehabilitation (DVR)
- MHCADSD staff

As a result of these activities, it became clear that:

1. Clients in the KCMHP want to work but are concerned about stigma, discrimination, and the effect of working on their benefits. They also do not know where to go to get information about these issues.

2. Vocational services provided to KCMHP clients have been shrinking over the past five years. This appears to be due to a variety of factors, including the ending of a seven-year funding agreement between DVR and the RSNS that provided a block of funds for vocational services, DVR budget reductions that resulted in decreased access for mental health clients, decisions by several KCMHP network providers to not be re-certified as DVR providers, and mental health funding cuts. The impact of these factors is evident in the decreasing percent of KCMHP clients who have maintained or gained employment. The 2001 King County Regional Support Network Report Card states that the number of clients enrolled in outpatient mental health services who maintained or acquired employment dropped to 8.8%, from 14.5% in 2000.
3. There is a lack of consensus or belief within the King County mental health system that clients can be successful working.
4. Supported Employment (SE) is the vocational services model that has the most empirical evidence of effectiveness.¹

Based on these findings, the following recommendations are made:

1. Reorient the MHCADSD mission statement to emphasize the value of vocational services and the commitment to support clients in their pursuit of employment.
2. Educate all parties regarding mental illness and work, including clients, line staff, medical staff, and management.
3. Develop policies and procedures to support vocational services.
4. Ensure that vocational services provided are evidence-based practice.
5. Develop Regional Employment Placement and Services Centers (RESPC) to provide a full array of vocational services and to serve as system consultants in developing an environment that supports and encourages meaningful employment.

The RESPCs will provide:

- a. A full range of DVR services including assessment and evaluation, job placement, and supported employment
- b. Information about legal protections, the Americans with Disabilities Act, and the effect of working on benefits
- c. A short term motivational enhancement group for clients curious about work but not ready to fully engage in services

¹ SE is based on the idea that, rather than just providing vocational training, the most effective employment strategy is to get persons with mental illness on the job as quickly as possible and help them to keep the jobs.

- d. Extended Employability Supports to support clients for as long as clients need that support. This may include job clubs and employment supports as well as more individualized one-on-one supports.

The funding for the RESPCS will be generated from MHCADSD and DVR funds.

Ultimately, the mental health recovery movement will require fundamental changes in the way mental health systems serve clients. The Vocational Services Plan provides a blue print for a vocational services system that will assist client in moving forward in their own recovery.

King County Mental Health, Chemical Abuse and Dependency Services Division Vocational Services Plan

INTRODUCTION

Work plays a central role in most people's lives. Those who are employed benefit because of it--economically, socially and personally. For people who live with a mental illness, work is important, not only because of the direct improvements in activity and social context, but also because work promotes self-esteem, self-management, integration into the community, and quality of life (Black, 1988; Lehman, 1983; Mathews, 1979; Palmer, 1989; Strauss, et al., 1988). Work has also been shown to decrease the use of mental health services and reliance on the mental health system (Brockway and Barela, 2002; Clark and Bond, 2001; Rogers, et al., 1995). When asked about their needs and wants, individuals with severe psychiatric disabilities consistently identify meaningful employment as a top priority (Drake, et al., 1994). A survey conducted by Campbell and Schraiber in 1989 found that 74% of respondents with severe and persistent mental illness considered meaningful work to be essential to well being.

People with mental illness can work, even when having symptoms (Hill, 1997; Mowbray, et al., 1996). Recovery, a concept developed initially by consumers of the mental health system, is often defined as finding that which has been lost due to mental illness. The three pillars of recovery have been described as work, housing and relationships (Onken and Dumont, 2002). Work and the requirement to provide employment supports is woven into the fabric of the King County Mental Health Plan (KCMHP) Policy and Procedures, and in statutes and law regarding mental health treatment.²

Although the King County Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) supports employment for clients, this support has not had a tangible effect. In 2000, 14.5% of King County Mental Health Plan (KCMHP) clients maintained or acquired employment. This percent dropped to 8.8% in 2001.³

Several factors have contributed to this decline. These include: the ending of a seven-year funding agreement between DVR and the RSNS that provided a block of funds for vocational services; DVR budget reductions that resulted in decreased access for mental health clients; decisions by several KCMHP network providers to not be re-certified as DVR providers; and mental health funding cuts.

In spite of these impacts, MHCADSD and the KCMHP provider network continue to recognize the value of employment for clients. In 2001, MHCADSD met with KCMHP network providers and client advocates to discuss necessary budget reductions. One of the recommendations from this group was that there continue to be an investment in vocational services. To that end, MHCADSD dedicated funds to support vocational programming. For 2002, those funds were

² RCW 71.24.035. WAC 388-865-0310; 388-865-300; 388-865-355. 388-865-0230; 388-865-0400 ; 388-865-0456; 388-865-0462 ; 388-865-0464. 2002 KCMHP Policies and Procedures Section III. 4.1.5.8 and Definitions: Prevocational Services. Vocational Services. King County Ordinance #13974, the Recovery Ordinance.

³ King County Regional Support Network Report Year-End Report Cards 2000 and 2001.

used to hire a vocational planner to develop a vocational services plan for clients enrolled in outpatient services in the KCMHP.

The principles supporting the planning process were that:

- 1) People who have a mental illness have the right to work, and can work, even if having symptoms, given the right supports.
- 2) Evidence-based practices are the most effective and efficient means to help clients get and keep jobs that are competitive, integrated and paying at or above minimum wage.
- 3) A vocational services system design must be integrated, accessible, appropriately staffed and financially viable
- 4) The mental health system cannot afford to solely fund vocational services. Instead, creative ways to leverage funds through other sources such as DVR funds for infrastructure, DVR purchased services, Ticket to Work, partnerships with local business, and United Way and/or other grants must be developed

PLAN DEVELOPMENT

The plan development process included a literature review, input from clients and other stakeholders, consultations with an expert in the field⁴, and the efforts of a workgroup.

Meetings were held with clients from eight of the 17 providers from the King County Mental Health Plan (KCMHP) network. The providers selected were those that serve primarily adults and that currently have a vocational program. The meetings took place during regularly scheduled client meetings.

Discussions were also held with KCMHP provider staff. All of the mental health provider agencies were contacted about these discussions and staff from fifteen of the providers participated. All but one of the providers represented serves primarily adults.

The vocational specialist also met with members of Washington Advocates for the Mentally Ill⁵, and with mental health consumers attending a meeting of “Hands Connected”. This is a meeting and a process for clients to describe what they aspire to in their lives. The process was developed by The Empower Alliance, a statewide consumer organization.

⁴ Joe Marrone, a consultant on vocational issues through the Washington State Mental Health Division, provided consultation throughout the process.

⁵ Washington Advocates for the Mentally Ill is changing their name to “National Alliance for the Mentally Ill, Greater Seattle”, fully in effect by mid-2003.

The Vocational Services Work group was convened in May 2002. The work group included provider vocational staff, a provider chief executive officer, an advocate representative, a client, a representative from the Division of Vocational Rehabilitation (DVR)⁶, and MHCADSD staff.

FINDINGS

LITERATURE REVIEW

Historically, the belief in the mental health field was that the stress of working might worsen mental illness (Lehman, 1983; Viccora, et al., 1994). This may contribute to mental health systems of care having historically produced poor employment outcomes. The unemployment rate of people with serious mental illness has ranged from 80-90% (Anthony and Blanch, 1987; Marshak, et al., 1990; Marrone and Golowka, 1999; MacDonald-Wilson, et al., 2001).

The diagnostic system of the American Psychiatric Association (APA), the Diagnostic and Statistical Manual of Mental Disorders, may reflect older attitudes about mental illness and work. The Global Assessment of Functioning Scale (GAF), which is the Axis V of the diagnostic system, states clearly in the descriptors that a client with a GAF score of 50, would be “unable to keep a job” (A.P.A., 1994). Yet current studies find that diagnosis, including the GAF score, is not a reliable predictor of capacity to work. These studies also find that employment outcomes are relatively independent of recent hospitalization, severity of symptoms and the presence of a co-occurring substance abuse disorder (Trotter, et al., 1988; Blankertz and Robinson, 1996; Bybee et al., 1996). The most consistent predictors of work outcomes for people with psychiatric disabilities are first, the desire to work, and then, social skills, work history and premorbid functioning (Anthony and Jansen, 1984; MacDonald-Wilson, et al., 2001).

Research currently indicates that virtually anyone who wishes to work can do so, with the right supports. There is evidence to suggest that, rather than work exacerbating mental illness, poverty, isolation and inactivity do (Onken and Dumont, 2002; Black, 1988; Lehman, 1983; Mathews, 1979; Palmer, 1989; Strauss, et al., 1988). In addition, a number of studies have found that work helps distract people from the symptoms of their mental illness and that it has the potential for significantly improving overall quality of life (Van Dongen, 1996; Vanden Bloom and Lustig, 1997). For some people, the desire to work motivates them to manage symptoms of mental illness (Becker, 2001).

Repeated surveys and studies have demonstrated that clients want to work. Competitive employment is a primary goal for a majority of people with severe mental disorders (Rogers, et al., 1991; Viccora, et al., 1994; Becker, 2001).

Rates of unemployment in the general population, and differences in rates of unemployment in rural versus urban areas, may appear on the surface to be confounding effects to outcomes of

⁶ The Division of Vocational Rehabilitation is a division in the State of Washington Department of Social and Health Services.

vocational programming. Despite the importance subscribed to these economic conditions, studies have found no such relationship (Drake, et al., 1998; Gowdy, et al., 1999). Instead, factors contributing to unemployment include the symptoms and episodic nature of mental illness, social stigma and employer discrimination, financial disincentives, and the lack of access to effective vocational services. Significantly, this list also includes consumer pessimism fostered by provider assumption of unemployability (Drake, et al., 1996; Viccora, et al., 1994).

Researchers have suggested that processes within the mental health system can either promote recovery and encourage hope and resilience, or they can serve to retard active coping and induct people into “careers of chronicity” (Harding, et al., 1987). A recent report based on consumer focus groups in nine states that involved 115 consumers, found that recovery was enhanced through engagement in meaningful activities that connected clients to the community. The study found that this can be achieved through a meaningful job and career, which can provide a sense of identity and mastery. Among the comments from participants was “The self-respect that comes with doing meaningful work will increase the positive things in your life, even change some of the negative things,” and, “I think employment is the way to go, the best therapy there is” (Onken and Dumont, 2002, p. 56).

Research shows that consumers prefer that their employment services be physically separate from their mental health agencies. Clients reported a boost in self-esteem, confidence, and attitude when they attend skill classes in a setting apart from the mental health agency (Drake, et al., 1996). Other research indicates that employment is most successful when mental health services are well integrated with employment services (Bond, et al., 2001, Drake, et al., 1996). These findings suggest that integrated planning and service provision do not necessarily require co-location.

The vocational model that has the strongest empirical support related to its effectiveness is Supported Employment (SE) (Bond, et al., 1995; Drake, et al., 1994; Gurvey and Bedell, 1994; Meisel, et al., 1993). SE emphasizes rapid placement⁷ in competitive jobs in integrated work settings with follow-along supports (Federal Register, 1987 and 1992; Wehman and Moon, 1988). The Washington Administrative Code (WAC 67-25-436) defines SE as “...competitive employment in an integrative setting for a participant with a severe disability who needs intensive, ongoing support to perform in a work setting.”

Characteristics of SE include:

- Pay is at least minimum wage.
- People with and without disabilities work together.
- Vocational services are individualized.

⁷ Rapid placement means minimizing any pre-work skills building, and beginning job search and placement as soon as a client is ready.

- Job selection is based on the person's preferences and skills.
- Competitive employment is the goal.
- The decision to participate is the client's choice, not an assessment of "Work readiness."
- Support is ongoing and provided as needed. (Federal Register, 1987, 1992 ; Wehman and Moon, 1988)

The Employment Intervention Demonstration Project (EIDP), a federal study, examined research findings from a variety of supported employment models (Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2001). This project included eight different models of SE and a comparison group. The comparison group received services as usual, such as brokered rehabilitation services⁸. There were a total of 1,648 participants in the EIDP.

Findings from the eight sites, comparing models of vocational services, are beginning to be reported. One site compared three models of vocational services: (1) Individual Placement and Support (IPS), the most widely studied model of Supported Employment; (2) vocational services within a psychosocial rehabilitation model⁹; and (3) services as usual. There was an average of 68 clients assigned to each model. The percent competitively employed in the 24 months of the study were 36%, 9% and 7 % respectively. Those in the IPS group also had the longest tenure, an average of 20.04 weeks, compared to 4.79 weeks in the services as usual group and 2.50 in the psychosocial rehabilitation group.

Preliminary findings from all of the EIDP sites demonstrate the economic productivity possible for clients who receive vocational services, regardless of the model used. Within the first 2 years:

- 2,230 jobs were held by clients, an average of 2.2 jobs per worker.
- 86% of all jobs held were at minimum wage or above.
- The majority of jobs were part-time.
- On average, clients took 6.5 months to obtain their first job.
- 58% of those receiving services were employed at the end of 2 years.

⁸ "Brokered" refers to a services model in which mental health case management refers the client out to separate agencies such as free standing case aide services, outpatient therapies and employment services.

⁹ One example of a psychosocial rehabilitation model is the clubhouse, pioneered by Fountain House. In this model, clients are members of the clubhouse and work along side staff. Vocational services are primarily provided via short-term transitional employment (six months or less), with the jobs belonging to the clubhouse. Staff must cover these jobs when members do not show up for work.

The overall research findings can generally be summarized as:

- Persons with psychiatric disabilities want to work and be productive.
- Engagement and job tenure are both increased with rapid job development and job placement.
- Effective engagement is person-centered and person-responsive.
- Programs are most successful when there is a consistent pro-vocational message throughout the entire organization, from administration to clinical staff, including psychiatrists.
- People with symptoms can work and be successful.
- Ongoing support, on and off the job, is critical to ongoing success.
- Participation in programming and employment results in decreased use of hospitals and other institutions.

CLIENT DISCUSSIONS

Meetings with clients from eight mental health agencies in the KCMHP provider network revealed a consistent desire to work, mirroring the findings in the literature. Concern regarding the impact of work on medical benefits was voiced repeatedly. Clients were also concerned about discrimination and wanted more information about the Americans with Disabilities Act. The same issues were named by other consumers attending a local meeting of the Empower Alliance, a statewide consumer organization. Some clients identified a fear of working, stating that their psychiatrist said they couldn't work.

STAFF DISCUSSIONS

Conversations and meetings with staff from the mental health agencies provided history and context for the present state of vocational services in King County. While not all agencies currently have vocational programming, all agencies did have staff who were able to provide information about the history of employment services within their organization. These meetings provided the following background as context for the current state of vocational services within the King County mental health system.

Division of Vocational Rehabilitation (DVR)

In 1993, a legislative proviso mandated a transfer of state mental health dollars to DVR in order to improve and expand employment outcomes for persons served in the mental health system.

The proviso dollars were in addition to the usual fees DVR paid to providers for specific individuals who were receiving DVR services. The proviso was discontinued in 2000. This reflected a shift in philosophy and resulting federal law within the DVR system. DVR shifted to payment for outcomes only and only for competitive jobs in integrated settings.

At the about the same time, DVR experienced a financial crisis. As a result of this financial crisis, DVR instituted an “Order of Selection.” The Order of Selection mandate stated that all applicants will be classified according to the degree of their disability and that DVR will serve those who are most disabled first (Appendix A).

All of the vocational services staff stated that vocational services are not affordable without the funding for individual services provided by DVR. Because DVR has periods when it is not able to purchase any services, however, trying to maintain a vocational services program fully dependent upon DVR funding is unwise.

In order to receive DVR funds, providers must be certified. Unfortunately, at about the time the Order of Selection was initiated, several previously certified KCMHP providers did not receive the notification of the need to recertify or the process for doing, and lost their certification. In addition, some KCMHP providers have decided not to be recertified because of concerns about possible changes in DVR certification requirements.¹⁰ DVR, however, has now agreed to allow state mental health agency licensure, with attendant Washington Administrative Codes for vocational services, to suffice for certification status as a community rehabilitation provider. This may open the door for providers to again seek DVR certification.

According to DVR the primary objective currently for DVR is to get clients good jobs with benefits. DVR has identified three priorities related to employment:

1. To help clients become employed in jobs that have benefits and include jobs that are other than service sector.
2. To help clients stay employed beyond the 90-day DVR closure¹¹ in order to avoid the “revolving door” client.
3. To ensure that Transitional Employment is included as an option for clients engaging in vocational programming.¹²

¹⁰ These concerns include a possible requirement that all certified providers be accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). Providers indicate that CARF accreditation is a costly process.

¹¹ DVR is paid when a client reaches closure, i.e. 90 days employed. Once that 90-day mark is achieved, DVR assistance stops. DVR cannot pay for supports beyond the 90-day closure.

¹² Transitional Employment (TE), pioneered by the Fountain House Clubhouse in New York, is included within WAC 67-25-436 as a sub-set of Supported Employment. TE is a work model using a series of temporary consecutive jobs in competitive integrated employment with on-going support services for individuals with the most significant disabilities due to mental illness.

King County Mental Health Plan Issues

In addition to the changes in DVR, the vocational services programs in King County have been affected by funding issues within the mental health system itself. The reallocation of RSN funding by the Washington state legislature and the state budget crisis, with resulting constraints on funding for the outpatient mental health services, have seriously impaired the viability of vocational services programs.¹³

At its peak, the King County mental health system included twelve agencies with formal vocational programs, including six clubhouses. There are currently five programs and one clubhouse.¹⁴ Those programs that remain viable do so partly because the program has an already established vocational infrastructure. However, staff also report that while all of the programs attempt to provide supported employment, there are insufficient resources to fully implement the model. Most staff report that there are only enough resources to provide minimal traditional vocational programming.

The number of vocational services specialists has likewise been steadily declining over the last three years. The National Council on Community Behavioral Healthcare recently published a study that states that the need for human services is increasing at the same time the numbers of people in the field and entering the field is decreasing (Davis J., 2002). KCMHP providers report even greater difficulty in finding qualified individuals to provide vocational services.

Apart from financing, a significant concern is a lack of consensus within the King County mental health system about the employability of clients who have a serious and persistent mental illness. Agency-wide belief in the goal of competitive employment for clients with a severe and persistent mental illness who want to work has been identified as one of the critical components of a successful vocational program (Bond, et al., 2001). Clients and vocational services staff within the King County mental health system have noted this lack of consensus, especially among psychiatrists.¹⁵

DVR and MHCADSD

In an attempt to offset the challenges of the last few years, DVR and MHCADSD are developing a cooperative process to enable each system to achieve its goals. One evidence of this is that specific vocational counselors at DVR have been identified to be mental health provider liaisons.

¹³ Financial support from agency management is diminishing, with a stated need to “triage” core services due to budget restrictions. Increasingly, according to the vocational services staff at those agencies still maintaining vocational programs, vocational services are seen as a boutique service rather than an integral part of outpatient services.

¹⁴ The one remaining clubhouse, which had been certified by the International Center for Clubhouse Development (ICCD) in 1999, is no longer certified because its vocational program does not meet ICCD standards.

¹⁵ The reported psychiatrists' perspective may reflect the fact that Social Security Disability Income and Supplemental Security Income require that an applicant have been unemployed for at least a year and that a psychiatrist state that the applicant is unable to work.

In addition, the Vocational Specialist at MHCADSD is the co-chair for a monthly joint meeting of mental health vocational providers and the DVR mental health provider liaisons. This is unique among RSNs in Washington state. This cooperative relationship offers the best opportunity for clients in the KCMHP to become successfully employed.

RECOMMENDATIONS

As a result of the findings described above, recommendations are made for the following areas:

1. Mission statement additions
2. System education
3. Policies and procedure development
4. The development of regional employment centers

In addition to these areas, this Plan recommends that MHCADSD explore a mentor program to support clients who wish to pursue career track jobs.¹⁶

MISSION STATEMENT

It is recommended that MHCADSD expand its mission statement to emphasize:

- A belief in clients' inherent employability.
- The recognition that employment is central to recovery for clients of the mental health system.
- The recognition that evidence-based vocational services are necessary tools to assist clients to become employed.

SYSTEM EDUCATION

Vocational programs are most successful when all mental health agency staff are committed to competitive employment as an attainable goal (Bond, et al., 2001). One avenue to do this is through training and education. To that end, it is recommended that MHCADSD:

¹⁶ Such a mentor program would match clients with volunteers who have experience in the field of the client's choice. Mentors can provide guidance, share information and generally support the client in their pursuit of their chosen field.

1. Sponsor employment-related trainings, tailored to the specific audience, for KCMHP network provider clinical staff, management staff, and medical directors. The training for case managers, for example, could focus on assessing employability and on DVR supports. The training for management staff could focus on developing organizational attitudes supportive of employment.
2. Develop strategies to educate clients, family members and advocates regarding:
 - a. The vocational services available,
 - b. Legal protections under the Americans with Disabilities Act,
 - c. The possible effect working may have on benefits.

Such strategies could include a brochure such as that provided in Appendix B.

3. Make available technical assistance, as indicated, in areas such as administrative structures or information systems.

KCMHP POLICIES AND PROCEDURES

It is recommended that the KCMHP Policies and Procedures:

1. Emphasize that, for all clients of employment age, vocational status and goals will be assessed and updated during treatment plan development and renewal.
2. Include in the Medical Necessity Criteria for outpatient tier benefits a statement that, while GAF scores may accurately reflect employment status at the beginning of a benefit, they are not good predictors of future capacity to work.¹⁷
3. Include within the credentialing requirements that KCMHP providers must demonstrate how they will ensure the availability of vocational services. This requirement could be met either through in-house vocational programs or by referring clients to their choice of the regional employment centers, described below.
4. Include within the Quality Management Section that MHCADSD, network providers and the RESPCs will be responsible for identifying quality management issues, for developing measures and procedures for quality improvement, and for developing and monitoring outcomes.

¹⁷ Among other criteria, the Medical Necessity Criteria includes a Global Assessment of Functioning Score (GAF). For example, for Outpatient Adults, “Tier 3A: Rehabilitation” requires the GAF score on Axis V to be less than 51. According to the GAF scale, a score of 50 includes in the descriptors, “Unable to keep a job.” While this may be true at the outset, a score of 50 does not predict the future capacity to work, especially given the right supports.

Additional policies and procedures will be developed to address and support the employment centers described below.

REGIONAL EMPLOYMENT SERVICES AND PLACEMENT CENTERS (RESPCS)

It is recommended that MHCADSD develop regional employment service and placement centers (RESPCs). MHCADSD cannot afford to solely and fully fund vocational services at all of the providers. The RESPCs will provide focused vocational programming and will provide economies of scale in securing DVR funds, in administrative overhead, and in the use of MHCADSD ongoing funds.

The RESPCs will be geographically distributed throughout King County and will provide evidence-based, supported employment services, for example, Clubhouse, Individual Placement and Support, and other programs that allow clients to choose a job, secure a job and stay employed.¹⁸ The RESPCs will meet criteria to be recognized as a DVR Community Rehabilitation Program and will meet WAC 388-865 employment requirements. Staff of the RESPCs will be the employment experts in the KCMHP.

As a regional resource, the RESPCs must actively reach out to clients from other agencies. Staff from the RESPCs must be available to work with MHCADSD to develop recruitment strategies. These strategies could include in-person orientations at other network providers that target both staff and clients, and print materials for marketing.

The RESPCs will provide:

1. A full range of DVR services including assessment and evaluation, job placement, and supported employment.
2. Transitional employment (TE) as an option for assessments and an opportunity for rapid job entry for clients for whom that is appropriate (Appendix C).
3. The development of an Individualized Plan for Employment (IPE). The development of the IPE will include the client and the mental health primary care provider (usually the case manager or therapist) (Appendix D).
4. The development of an individually designed Placement Support Plan (PSP), once a client begins a job. The development of the PSP will include the client and the mental health primary care provider (Appendix E).
5. Ongoing communication between the RESPC staff and the mental health primary care provider.

¹⁸ For example, the program titled, "Choose, Get, Keep", developed by William Anthony, Ph.D. Based upon the concepts of personal choice and self determination, the model stresses how the system must tie supports to the person, not the setting.

6. Coordinate with other relevant systems for youth, such as the schools, to support the acquisition of a high school diploma or G.E.D.
7. Extended Employment Supports (EES) as long as the client needs this support. These wrap-around supports include support beyond the 90 closure by DVR and may also include:
 - a. Consumer run Job Clubs,¹⁹
 - b. Monthly employment suppers,²⁰
 - c. One-on-one support from a vocational services specialist when indicated.
8. A motivational enhancement group for clients who self identify as curious about working but who are not ready to engage in full vocational services. This will be provided initially by staff from the RESPC, with the goal of hiring clients to become group facilitators as they became proficient in the process. RESPC staff will provide supervision.

RESPC staff will also:

1. Advocate with employers and potential employers for clients, when necessary, regarding protections provided by the Americans with Disabilities Act.
2. Provide clients with information and application assistance for programs for which they may be eligible and from which they may benefit, such as Individual Development Accounts (IDAs) or the Program for Achieving Self Support (PASS) Plans.
3. Assist clients to determine if pursuing a self-directed and community directed employment search is indicated, or if seeking DVR eligibility and the full course of vocational services within the mental health system is recommended.
4. Assist clients with Social Security benefits.
5. Assist clients who begin earning a substantial wage to apply for Washington State Healthcare for Workers with Disabilities, which will support continued eligibility for mental health services.
6. Ensure that vocational services are tailored to serve the needs of the individual, considering cultural patterns and structures; communication, cognitive, behavioral, and learning styles; identity development; perceptions of illness; and help-seeking behaviors.

¹⁹ Job Clubs are a formal group process designed to give clients a group experience of support for their vocational goals and achievements.

²⁰ Employment Suppers are designed to provide clients with an opportunity to share and celebrate their success. Inviting employers increases contact and education regarding work and mental illness.

7. Work with the cultural communities represented by the clients served, ensuring links to ancillary services such as citizenship classes, English as a second language, and grant-funded vocational programs targeted for specific cultures.
10. Participate with MHCADSD in exploring possible sources of continued funding, for example, the Workforce Development Council and United Way.
11. Participate with MHCADSD and DVR in an evaluation of the RESPCs.

Finally, RESPC staff must be available to participate in system efforts to strengthen vocational services within the KCMHP, to increase coordination and collaboration among allied service providers and to build relationships with those vocational resources outside the mental health system for which our clients may be eligible²¹

RESPC Budget

The following is the projected staffing and budget for each RESPC. The FTE costs include salary, benefits, and direct and indirect costs. The program manager is expected to have administrative, supervisory, and vocational specialist responsibilities.

The projected RESPC program budget is based upon historic and current expenditures and revenues for existing vocational programs in the KCMHP provider network.²²

	# of FTEs	\$
Program Manager	1.0	\$ 75,000
Vocational Specialists	6.0	360,000
Post-employment Supports Specialist:	.75	40,000
Administrative and Program Support Staff:	1.5	<u>60,000</u>
Total	9.25	\$535,000

An RESPC serving 200 DVR clients is projected to have revenues of \$534,150. (See the following spreadsheet.) The revenues from DVR are based on 2003 proposed categories of service and attached dollars.

²¹ An example of an outside vocational resource would be the WorkSource Centers, an employment service available to all citizens. The WorkSource Centers have funds available for people with disabilities which can be used to pay for training at a wide array of educational institutions.

²² Currently, each existing program serves an average of 100 clients annually, with 3.5 full time vocational specialists and administrative support. Vocational program expenditures are approximately \$280,000 per year. Of the 100 clients served in each program, approximately 50 percent continue in the process beyond the assessment. An average of 10 percent of clients continues working beyond 90 days. Providers currently are not able to provide supports beyond 90 days within the existing budgets.

The budget spreadsheet reflects the proposed DVR system of paying based on achievement of milestones. For example, the maximum payment available from DVR for the category of Basic Supported Employment services is \$7,000. A client receiving these services who worked up to the 90th day would generate the whole \$7,000. This would be paid to the provider in percentages as the client achieves the specified milestones. DVR has proposed the following payment increments:

10%	Intake/Placement
15%	30 days employment
25%	60 days employment
100%	90 days employment

The budget projections are that approximately 20 percent of clients served by the RESPCs will reach the 90 day employment milestone.

Because it is expected that the clients who reach the 90 day milestone will continue to be employed past that time, it is recommended that MHCADSD provide \$40,000 per RESPC in ongoing mental health funds. These funds would be specifically designated for Extended Employability Supports for clients employed beyond 90 days, a non-DVR service.

In the future, there may be other avenues for funding supports. Ticket to Work²³ will be implemented in Washington State in 2003 and should continue to be explored as a potential resource

²³ Ticket to Work is a Social Security Administration work incentive plan. Recipients of Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) will receive a ticket that they may use to buy employment services. The payments for services will be on a milestone basis but will be made only when a client earns enough money to be independent of SSI or SSDI.

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RESCP Budget Spreadsheet

DVR CONTRACT SERVICES AND PAYMENT SCHEDULE FOR 2003 (Proposed)

Category of Service	Milestones as Payment Points	Reimbursement	# Milestones Achieved	Reimbursement X # achieved	Total Revenue
I. Assessments					
A. Brief	1 day, individual or group	\$300	40	\$12,000	
B. Vocational Evaluation	1-3 days individual or group work setting	\$800	70	\$56,000	
C. Situational Assessment	1-2 wk cmty work exp same here.	\$2,000	90	\$180,000	
					\$248,000
II. Job Placement/Development					
A. Client job-ready, minimal assist					
1. Milestone payments	intake; placement	\$200	2	\$400	
	30 days employed	\$500	4	\$2,000	
	60 days employed	\$1,000	6	\$6,000	
	90 days employed	\$2,000	27	\$54,000	
					\$62,400
B. Client not job-ready, needs assist					
1. Milestone payments	intake; placement	\$500	3	\$1,500	
	30 days employed	\$1,250	3	\$3,750	
	60 days employed	\$2,500	8	\$20,000	
	90 days employed	\$5,000	6	\$30,000	
					\$55,250

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Category of Service	Milestones as Payment Points	Reimbursement	# Milestones Achieved	Reimbursement X # achieved	Total Revenue
III. Supported Employment:					
A. Basic					
1. Milestone payments	intake; placement	\$700	10	\$7,000	
	30 days employed	\$1,750	20	\$35,000	
	60 days employed	\$3,500	5	\$17,500	
	90 days employed	\$7,000	5	\$35,000	
					\$94,500
B. Difficult					
1. Milestone payments	intake; placement	\$1,000	4	\$4,000	
	30 days employed	\$2,500	8	\$20,000	
	60 days employed	\$5,000	6	\$30,000	
	90 days employed	\$10,000	2	\$20,000	
					\$74,000
TOTAL REVENUE					\$534,150

CONCLUSION

The major focus of recovery-oriented community mental health is to enable people with mental illnesses to live, love, learn and work in the community. Meaningful and steady employment is linked to improved psychological health, greater levels of functioning and a reduction in the dependence on outpatient and inpatient services (Brockway and Barela, 2002). Clients report that they want to work, and research is showing that they can - with the right supports.

Clients are more likely to be successful when:

1. The mental health professionals providing their services believe they can work.
2. Clients have access to evidence-based vocational services

The recommendations made in this Plan will provide the right supports clients need to be successful. Furthermore, they will move the mental health system to foster the less tangible but important element of confidence and belief in the ability of people who have a mental illness to work. Clients, with the help of their primary treatment providers and the staff at the RESPC, will get the help and support they need to choose, get and keep jobs. The potential for clients for a better standard of living, increased involvement in the communities in which they live and enhanced self-esteem is enormous.

Forging partnerships with other entities such as DVR can leverage funds to create a viable system of vocational services and support. Such investment in the vocational services system is an investment in the mental health and the potential of people who have a mental illness who are enrolled in outpatient services in the King County Mental Health Plan.

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APPENDIX A

DIVISION OF VOCATIONAL REHABILITATION

ORDER OF SELECTION

The following describes “Order of Selection” and is based upon the relevant proposed Washington Administrative Codes (Proposed as of September 30, 2002.). As per federal law, this is a status that a state Department of Vocational Rehabilitation must assume when funding is insufficient to otherwise fully serve all eligible individuals. Essentially, Order of Selection establishes categories of disability and stipulates the order to be served based on these categories. Clients who meet medical necessity for services within the King County Mental Health Plan most likely will meet the criteria for the most severely disabled category. DVR officially went into order of selection on November 20, 2000. The following information and more can be found at the following website:

<http://www1.dshs.wa.gov/dvr/aboutdvr/wacs/WACrehabcase.htm>

WAC 388-891-0500 What happens if DVR cannot serve every eligible person?

If DVR cannot serve all eligible individuals, because there are not enough funds or other resources, DVR must:

1. Establish a statewide waiting list for services;
2. Implement a process called order of selection that establishes the order in which DVR selects eligible individuals from the waiting list to begin receiving DVR services; and
3. Provide you with information and guidance (which may include counseling and referral for job placement) about other federal or state programs that offer services to help you meet your employment needs, if available.

WAC 388-891-0510 How are individuals selected for services when DVR is operating under an order of selection? When DVR is operating under an order of selection, individuals are selected for services as follows:

1. At the time you are determined eligible for VR services, a DVR counselor establishes a priority for services category based on the severity of your disability.
2. As resources become available for DVR to serve additional individuals, DVR selects names from the waiting list in the priority category being served at that time.
3. The priority categories include:
 - a. Priority Category 1: Individuals with Most Severe Disabilities;
 - b. Priority Category 2: Individuals with Severe Disabilities; and
 - c. Priority Category 3: Individuals with Disabilities.

4. Within a priority category, the date you applied for DVR services determines the order in which you are selected from the waiting list.

WAC 388-891-0520 What is the criteria for Priority Category 1--Individuals with Most Severe Disabilities?

DVR determines you are in Priority Category 1-- Individuals with Most Severe Disabilities, if you meet the following criteria:

1. You require supported employment; and/or
2. You meet the criteria for an individual with a severe disability as defined in WAC 388-891-0530, you require two or more VR services over an extended period of time (12 months or more) and you experience serious functional losses in four or more of the following areas in terms of an employment outcome:
 - a. Mobility;
 - b. Communication;
 - c. Self-care;
 - d. Self-direction;
 - e. Interpersonal skills;
 - f. Work tolerance; or
 - g. Work skills.

WAC 388-891-0530 What is the criteria for Priority Category 2--Individuals with Severe Disabilities?

DVR determines you are in Priority Category 2--Individuals with Severe Disabilities if:

1. You are receiving disability benefits under Title II or Title XVI of the Social Security Act, but do not meet the criteria for Priority Category 1; and/or
2. You meet the eligibility requirements outlined in WAC 388-891-0540, you require two or more VR services over an extended period of time (12 months or more) and, you experience serious functional losses in one to three of the following areas in terms of an employment outcome:
 - a. Mobility;
 - b. Communication;

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- c. Self-care;
- d. Self-direction;
- e. Interpersonal skills;
- f. Work tolerance; or
- g. Work skills

WAC 388-891-0540 What is the criteria for Priority Category 3--Individuals with Disabilities?

DVR determines you are in Priority Category 3--Individuals with Disabilities if you meet the eligibility requirements outlined in WAC 388-891-1000, but you do not meet the criteria for Priority Category 1 or Priority Category 2.

APPENDIX B

BROCHURE, “MENTAL ILLNESS AND WORKING AGAIN”

This brochure has eight columns, is to be printed on legal size paper and folded three-fold, to be distributed to clients enrolled in the King County Mental Health Plan.

The text of the brochure is copied here.



“WORKING AGAIN”

WHAT TO KNOW & WHERE TO GO

If you or someone you know has a mental illness and wants to get back to work, this brochure may help answer some questions.

The keys to getting back to work are:

- to try,
- to take care of yourself,
- to ask for help and
- to manage stress in healthy ways.

Everyone needs help finding a job, whether that is Uncle Joe, a helpful teacher or a vocational program. Sometimes it takes several tries to find the right job.

Questions you may have include:

- ✓ Where can I get help finding a job?
- ✓ Do I have to tell the employer I have a mental illness?
- ✓ Can I work and keep my benefits (SSI/SSDI and/or Medicaid)?
- ✓ What about volunteer work?



Where can I get help finding a job?

Some vocational programs only serve clients with disabilities, including mental illness. If you have a mental illness, and you have Medicaid and are a client at a community mental health agency, your case manager can also give you some ideas. There are other employment programs available to everyone living in Washington.

The **Division of Vocational Rehabilitation (DVR)** is an employment service for people with disabilities, including mental illness.

To be eligible for DVR services you must:

- 1) Have a mental illness or other disability AND
- 2) You want to work AND
- 3) You need help to get or keep a job.

These are *some* of the services offered by DVR:

- ◆ **Vocational Assessment** identifies your interests and skills.
- ◆ **Job Counseling** will help you develop a realistic plan to go to work.
- ◆ **Job Preparation** builds work skills.
- ◆ **Support Services** may include help with transportation; the purchase of tools, books or work clothing; or providing support for independent living.
- ◆ **Job Match/Placement** helps find job possibilities matched to your interests and abilities.
- ◆ **Follow-up** follows you on the job for at least 90 days to see if the job is working out for you.

For more information and to contact your local office to apply for DVR Services, Call:
Toll Free 1-800-622-1375 Voice/TTY

Washington State WorkSource Centers are for everyone. The WorkSource Centers provide information about jobs, free computers and access to the Internet and free classes to learn how to write a resume, job interview skills, etc. If you have a mental illness and let staff know you have a disability, they can also provide more intensive and individual help.

WorkSource also has job listings, information about community training and apprentice programs and links to other disability services.

To learn the location of the WorkSource Center nearest you, call **1-877-872-JOBS**



Do I have to tell the employer that I have a mental illness?

No, and an employer can not ask you if you have a disability before offering a job. They can ask questions to help decide if you can perform essential duties of a job such as the ability to get along with people, to finish tasks on time, and to come to work every day.

If you are asked about times of unemployment which may be due to your mental illness, you can simply say you were taking time for personal development. Your resume can be written to focus on skills.

Everyone knows why it is wrong to discriminate against people because of their race, religion, culture, or appearance. They are not as aware of how people with mental illnesses are discriminated against. Although such discrimination may not always be obvious, it exists-and it hurts.

It is against the law to discriminate against someone because they have a mental illness.

Q: What is the Americans with Disabilities Act?

A: The Americans with Disabilities Act, or ADA, signed into law by President George Bush on July 26, 1990, prohibits discrimination against people with disabilities, including mental illness (except drug abuse.)

Q: What is covered under the ADA?

A: All aspects of employment are covered including hiring, job assignment, pay, promotion, benefits, and termination. If you are hired, and the employer then learns you have a disability, the employer is required to try to work with you to make the job possible, this is called making "reasonable accommodations."

Q: What would be considered reasonable accommodations for someone with a mental illness?

A: Because workplaces, jobs, and people with disabilities vary, reasonable accommodations for employees with disabilities must be decided on a case-by-case basis. Examples include:

- A flexible work schedule-Allowing someone to change his or her regular working hours which could be helpful if you are taking medication that makes you tired or groggy in the morning.
- Exceptions to workplace policy- for example, if you had problems concentrating because of mental illness medications, you might be allowed to tape-record staff meetings, even if tape-recording is not usually allowed.
- An employer might be required to provide a temporary job coach to help train a qualified employee with a disability. Allowing an employee to be accompanied by a job coach who is

paid by a public or private social service agency is also considered a reasonable accommodation.

Q: Do individuals with disabilities have to request reasonable accommodations at the beginning of their employment?

A: No. Requests for reasonable accommodations can be made at any time during employment.

Q: To get reasonable accommodation, do you have to tell your employers about your disability?

A: Yes. Employers are required to make reasonable accommodation only if they know about a disability. In general, it is the applicant's or employee's responsibility to tell the employer that help is needed.

However, the decision to admit and discuss mental illness is always a personal one. Trying to assess the potential reaction of an employer can be helpful. For example, a governmental office may be more welcoming of people with disabilities.

Q: Are employers permitted to ask for proof that you need reasonable accommodation?

A: Yes. An employer is entitled to know that an employee has a covered disability for which a reasonable accommodation is needed. When the need for reasonable accommodation is not obvious, an employer may ask for reasonable documentation about his or her disability and any limitations that result from it.

Q: What is the procedure for filing a complaint under Title I of the ADA?

A: An employee or applicant who believes that he or she has been discriminated against in an employment situation on the basis of a disability must file a charge with the Equal Employment Opportunity Commission (EEOC) within 180 days of the alleged act of discrimination.

Q: Can I get help in filing a complaint?

A: You can call the **Washington Protection and Advocacy System (WPAS)**. This private non-profit organization provides protection and advocacy services, legal advice, and information & referral. If you believe you have been discriminated against, WPAS will help you determine if the law has been broken and help you decide what action to take.

For more information about the Americans with Disabilities Act and your rights, contact the **Washington Protection and Advocacy System at (800) 562-2702. TTY: (800) 905-0209.**



Can I work and keep my benefits (SSI/SSDI/Medicare and/or Medicaid)?

Yes, within limits. It is complicated. A few simple answers are provided here. **Positive Solutions** is a non-profit agency that provides benefits counseling to people with disabilities. They can answer questions you have about work and benefits. To contact Positive Solutions call: **206-322-8181**.

Q: How much money can I make and still keep my benefits?

A: If you receive SSI, you can earn up to \$85 and get your full SSI check (\$545.) Earn more than \$85 and your SSI check will be reduced by “countable income”. “Countable income” means your gross wages minus 85 divided by 2. For example: if you earn \$100, your countable income will be \$7.50. ($\$100 - 85 \text{ divided by } 2 = 7.50$.) Your SSI check will be reduced by 7.50 to 537.50 ($545. - 7.50 = 537.50$.) Your total income then for that month would be $537.50 + 100. = 637.50$. If your countable income were \$545, you would not receive an SSI check.

If you receive SSDI, and you earn more than \$559, you trigger a Trial Work Period (TWP) month (see below,) but you still get your full SSDI check, no matter how much you earn. After the TWPs, you have 3 more years to earn up to \$780/mo and still receive your full check.

Trial Work Period (TWP)

SSDI-- TWP allows you to test your ability to work. You get 9 TWP months. You will receive your full SSDI check no matter how much you earn as long as you continue to be disabled. The 9 months does not need to be in a row and your trial work period will last until you have a total of 9 months within 60-months. Certain other rules apply.

Impairment Related Work Expenses (IRWE)

SSDI & SSI-- The cost of certain disability related expenses needed to work can be subtracted from what you earn when figuring your monthly SSI/SSDI check. Examples of impairment-related expenses are certain transportation costs and specialized work-related equipment.

Q: How and when do I report my income?

A: Keep records of all earned income. Social Security will take the information over the phone or ask for a completed Work Activity Form. Clients can get Work Activity Forms from their local office or by calling SSA at 1-800-773-1213 or TTY 1-800-325-0728.

Income should be reported by the 10th day of the month following the month in which the income was earned. When you can, hand carry the report with attached wage stubs, and a photocopy to your local office and request that both be date stamped so that you have an accurate record of the paperwork you submitted to the agency.

Q: Can I keep my Medicare and/or Medicaid if I’m working?

A: Yes, under certain conditions:

Continuation of Medicare Coverage - Most people with disabilities who work will continue to receive at least 93 consecutive months of hospital and medical insurance under Medicare. You pay no premium for hospital insurance. After that time, if you are still disabled, you will be able to purchase Medicare.

Continued Medicaid Eligibility - You can purchase Medicaid coverage even if your earnings become too high for an SSI cash payment. In Washington State, this kind of Medicaid is called **Healthcare for Workers with Disabilities**. You can apply by calling this toll free number: 1-866-272-7630.

Q: What if I no longer receive SSI/SSDI because of my income and then I lose my job because my mental illness gets worse?

A. If you lose your job due to your illness within 12 months, your SSI/SSDI can be reinstated quickly.



What about volunteer work?

There are many examples of people who have a mental illness being successful in their jobs and making great contributions to society.

Volunteer work is also helpful, to the person volunteering and to the community. Volunteer work can help you get used to working again, give you useful skills and give you valuable and current references when you do look for a job.

United Way of King County's Volunteer Center connects thousands of people to volunteer projects throughout the year. If you would like to get involved, call 206-461-3655.

This pamphlet on employment for people who have a mental illness and who live in King County was sponsored by:



King County Mental Health, Chemical
Abuse and Dependency Services Division

☐ This material is available in alternate formats
for persons with disabilities upon request.
Please call (800) 790-8049 or TTY (206) 291-1059 for assistance.

APPENDIX C

SERVICES PROVIDED BY THE DIVISION OF VOCATIONAL REHABILITATION

The services in **bold** type are those that DVR may purchase from a vocational services provider certified as a DVR Community Rehabilitation Provider. As of 2002, DVR accepts Washington State licensure as a community mental health agency as sufficient for certification. A more complete description of the service in bold follows this list.

The following is based upon the relevant proposed Washington Administrative Codes. (Proposed as of September 30, 2002. This information and more can be found at the following website: <http://www1.dshs.wa.gov/dvr/aboutdvr/wacs/WACrehabcase.htm>

WASHINGTON ADMINISTRATIVE CODE 388-891-0600

The following Vocational Rehabilitation services are available to eligible individuals from DVR:

1. Assessment services;

2. Independent living evaluation and services;

3. Information and referral services;

4. Interpreter services;

5. Job placement services;

6. Job retention services <including Supported Employment, see below>;

7. Maintenance services;

8. Occupational licenses;

9. Personal assistance services;

10. Physical and mental restoration services;

11. Rehabilitation technology services;

12. Self-employment services;

13. Services to family members;

14. Substantial counseling and guidance services;

15. Tools, equipment, initial stocks and supplies;

16. Training services (SOME);

17. Transition services;
18. Translation services;
19. Transportation services;
20. Other services; and

21. Post-employment services.

WAC 388-891-0605 What are **assessment services**?

Assessment services, including services provided in a **trial work experience** or **extended evaluation**, are provided to obtain information necessary to determine:

1. Whether you are eligible for VR services;
2. Severity of disability and priority category; and/or
3. The employment outcome and VR services to be included in an individualized plan for employment.

WAC 388-891-1100 What is **an assessment** for determining vocational rehabilitation needs?

Each person determined eligible for VR services completes an assessment of VR needs that may include:

1. An assessment for determining vocational rehabilitation needs includes a variety of services, including counseling and guidance, to determine your unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice.
2. The purpose of the comprehensive assessment is to collect and review information you need to select the type of employment outcome to achieve and the VR services you need to achieve the employment outcome.
3. The comprehensive assessment is limited to services necessary to select an employment outcome and to develop a plan for employment.
4. DVR uses existing information gathered to determine eligibility, including information provided by you and your family, to the maximum extent possible and appropriate.
5. The comprehensive assessment may include, as needed:
 - a. An assessment of the personality, interests, interpersonal skills, intelligence and related functional abilities, educational abilities, work experience, vocational aptitudes, personal

and social adjustments, employment opportunities, and other vocational, educational, cultural, social, recreational, and environmental factors that affect your employment and rehabilitation needs.

- b. Work in real job situations to evaluate and/or develop work behavior and capacities necessary to achieve an employment outcome, including work skills, attitudes, habits, tolerances and social behavior.
- c. Referral for assistive technology services to assess whether services or devices could increase your ability to perform work.

WAC 388-891-1030 What is involved in a **trial work experience**?

- 1. During a trial work experience, you perform in a realistic work situation with appropriate VR services and/or supports to address your rehabilitation needs, such as supported employment, on-the-job training, assistive technology or personal assistant services. A DVR counselor develops a written plan describing the VR services to be used in the trial work experience.
- 2. You participate in one or more trial work experiences over a period of time necessary to produce clear and convincing evidence for a DVR counselor to determine:
 - a. You can benefit from VR services and achieve an employment outcome and are eligible for VR services; or
 - b. You cannot benefit from VR services and achieve an employment outcome because of the severity of your disability and you are ineligible for VR services.
- 3. Trial work experiences occur in the most integrated setting possible, based on your informed choice and rehabilitation needs.

WAC 388-891-1040 What is an **extended evaluation**?

An extended evaluation involves one or more VR services designed to assess whether you are capable of working as a result of receiving VR services. A DVR counselor develops a written plan outlining the VR services to be used during the extended evaluation. Only those services necessary to make an eligibility determination are provided. VR services are provided in the most integrated setting possible, based on your informed choice and rehabilitation needs.

WAC 388-891-0625 What are **job placement** services?

Job placement means referral to a specific job that results in a job placement.

WAC 388-891-0630 What are **job retention** services?

Job retention means services provided after you have been placed in a job to help you achieve satisfactory performance and keep the job.

WAC 388-891-0800 What is **supported employment**?

1. **Supported employment is:**

- a. Competitive work; or
- b. Work in an integrated setting while you work toward competitive work consistent with your strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice; or
- c. **Transitional employment** for an individual with a most severe disability due to chronic mental illness.

2. Supported employment is for an individual with a most severe disability who:

- a. Has not traditionally worked in competitive employment; or
- b. Has worked in competitive employment, but the disability has caused the individual to stop working, or work off and on; and
- c. Needs intensive supported employment services and extended services to work because of the nature and severity of the disability.

WAC 388-891-0810 Who is eligible for supported employment?

You are eligible for supported employment services if:

- 1. You are eligible for vocational rehabilitation services under WAC 388-891-1000;
- 2. You have been determined to be an individual with a most severe disability; and
- 3. Supported employment is appropriate for you based on a comprehensive assessment of your needs, including an evaluation of your rehabilitation, career and job needs.

WAC 388-891-0820 What is competitive work in supported employment?

Competitive work, as used in supported employment, is:

- 1. Work in the competitive labor market that you perform on a full-time or part-time basis in an integrated setting; and

2. Work for which you are paid at or above the minimum wage, but not less than the usual wage your employer pays to non-disabled employees who do the same or similar work as you.

WAC 388-891-0825 What is an integrated setting in supported employment?

An integrated setting in supported employment is a work setting commonly found in the community in which you interact with non-disabled people to the same extent that a non-disabled person in the same type of job interacts with other persons.

WAC 388-891-0830 Is my work setting integrated if my interactions at the work site are with non-disabled supported employment service providers?

Interactions at your work site between you and a non-disabled supported employment service provider do not meet the requirement for an integrated setting.

WAC 388-891-0835 What is **transitional employment**?

Transitional employment is a supported employment work model using a series of consecutive jobs in competitive employment for individuals with the most severe disabilities due to mental illness. In transitional employment, ongoing support services must include continuing sequential job placement until job permanency is achieved.

WAC 388-891-0840 What are supported employment services?

Supported employment services are:

1. Ongoing support services as described in WAC 388-891-0845; and
2. Vocational rehabilitation services listed in WAC 388-891-0600.

WAC 388-891-0845 What are ongoing support services?

Ongoing support is a type of supported employment service to help you get and keep a job. Ongoing support services include:

1. An assessment of your employment situation at least twice a month, or under special circumstances and especially at your request, an assessment regarding your employment situation that takes place away from your worksite at least twice a month to:
 - a. Determine what is needed to maintain job stability; and
 - b. Coordinate services or provide specific intensive services that are needed at or away from your worksite to help you maintain job stability;
2. Intensive job skills training for you at your job site by skilled job trainers;

3. Job development, job placement and job retention services;
4. Social skills training;
5. Regular observation or supervision;
6. Follow-up services such as regular contact with your employer, you, your representatives, and other appropriate individuals to help strengthen and stabilize the job placement;
7. Facilitation of natural supports at the worksite;
8. Other services similar to services described in (1) through (7) above; and
9. Any other vocational rehabilitation service.

WAC 388-891-0865 What is natural support?

Natural support is a method used to help you keep your job after DVR stops providing supported employment services. Natural support uses the people who you ordinarily come into contact with at work and/or at home to help you with work routines and social interactions at the work site.

WAC 388-891-0870 Are supported employment services time-limited?

DVR provides supported employment services as part of your individualized plan for employment for a period not to exceed 18 months, unless under special circumstances you and your DVR counselor jointly agree to extend the time in order to achieve the employment goals in your individualized plan for employment.

WAC 388-891-0710 What are **training services**?

Training services are designed to help you gain knowledge, skills and abilities needed to achieve an employment outcome. Training services, include, but are not limited to:

- 1. On-the-job training**
2. Post-secondary training
3. Technical or vocational training
4. Basic education/literacy training
- 5. Community rehabilitation program (CRP) training**
6. Other miscellaneous training

WAC 388-891-0715 What is **on-the-job training**?

On-the-job training is training an employer provides to you after you are placed in a job to help you learn the skills you need. The employer must sign an agreement to include at a minimum:

1. Training to be provided, including skills to be learned and training methods;
2. Duration or number of hours of training to be provided;
3. How the employer will evaluate and report your progress to DVR;
4. An agreed-upon fee based on the employer's costs to provide the training; and
5. Payment criteria.

WAC 388-891-0735 What is **community rehabilitation program (CRP) training**?

Community rehabilitation program (CRP) training is training to prepare an individual for work, such as developing appropriate work habits and behaviors, getting to work on time, dressing appropriately, and/or skills to increase productivity.

WAC 388-891-0790 What are **post-employment** services?

Post employment services include one or more vocational rehabilitation services provided if:

1. Your case was closed within the past three years because you achieved an employment outcome;
2. Your rehabilitation needs are limited in scope and duration;
3. You need post employment services to maintain, regain or advance in employment that is consistent with your strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice

APPENDIX D INDIVIDUAL PLAN FOR EMPLOYMENT

This form should be synonymous to the Individual Plan for Employment (IPE) used by the Department of Vocational Rehabilitation (DVR). The form used by DVR may be used in place of this form. The definition of IPE from the Washington Administrative Code regarding Vocational Rehabilitation services is included within Appendix D at the close of this form.

Note that while most clients will be seeking employment with an employer, self-employment is a viable option for some clients and is supported by DVR. In the past, DVR has purchased items such as a vending machine, specifically for a client who wished to start such a business. RESPC staff will assist clients to access resources that may support self-employment and in writing an Individualized Plan for Self-employment.

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Individual Plan for Employment

Consumer: _____ **Date:** _____

Job Goal: _____

I have the following skills, experience, & personal qualities for this job:

These individuals have committed to do the following to achieve this goal:

Individual	Task	Date to be Completed
Professional Staff		
Consumer		
Family & Friends		

When will this be reviewed again? _____

Signatures of:

Consumer: _____ Staff: _____

WAC 388-891-1115 What is an individualized plan for employment (IPE)?

An individualized plan for employment (IPE) is a DVR form that documents important decisions you and a VR counselor make about vocational rehabilitation services. The decisions documented on the IPE include, but are not limited to:

1. The employment outcome you plan to achieve.
2. Each major step you need to accomplish to reach the employment outcome.
3. Your responsibilities in accomplishing each step of the plan.
4. DVR's responsibilities in assisting you to accomplish each step of the plan.
5. VR services needed to complete each step;
6. Terms and conditions you and your VR Counselor agree are required for continued support from DVR.

WAC 388-891-1140 What must be included on the IPE form?

An IPE must include:

1. An employment outcome that is consistent with the definition of employment outcome in WAC 388-891-0010;
2. The VR services you need to achieve the employment outcome;
3. Timeline for each service on your IPE and for achieving the employment outcome;
4. The name of the person or organization selected to provide each service included on the IPE and how you will obtain the services;
5. Criteria you will use to evaluate whether you are making progress toward achieving the employment outcome;
6. Terms and conditions, including:
 - a. A description of what DVR has agreed to do to support your IPE; and
 - b. A description of what you have agreed to do to reach your employment outcome, including:
 - i. Steps you will take to achieve your employment goal;

- ii. Services you agree to help pay for, and how much you agree to pay; and
 - iii. Services you agree to apply for and use that are available to you at no cost from another program.
- 7. Expected need for post-employment services prior to closing the case service record and, if appropriate, a statement of how post employment services are arranged using comparable services and benefits;
- 8. An IPE that includes a supported employment outcome must also document:
 - a. Supported employment services to be provided;
 - b. Extended services or natural supports that are likely to be needed;
 - c. Who will provide and pay for natural supports or extended services. If it is not known who will provide and/or pay for extended services or natural supports at the time the IPE is developed, the IPE must include a statement explaining the basis for determining that a resource is likely to become available.
 - d. A goal for the number of hours per week you are going to work and a plan to monitor your progress toward meeting the goal;
 - e. A description of how the services on your IPE are coordinated with other federal or state services you get under an individualized plan;
 - f. If job skills training is provided, the IPE must reflect that the training is provided on-site.
 - g. Placement in an integrated setting for the maximum number of hours possible based on your strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice.

APPENDIX E INDIVIDUALIZED PLACEMENT SUPPORT PLAN

To be filled out after job has been developed

Name: _____ **Employer:** _____

What types of supports will the consumer need following job placement? (check all that apply)

Type of Support	Assistance/Coordination Provided By:
• On-site support (through project or worksite mentor)	
• Regular contact with employer	
• Transportation assistance	
• Medical needs	
• Medication	
• Assistance with grooming & hygiene	
• Therapy (Psychiatric, Physical, Substance Abuse)	
• Supervision during non-work hours	
• Communication with residential support or family	
• Other (please specify):	

- **Summary of support to be provided by staff:**

- **Summary of support to be provided by other rehabilitation agency staff:**

- **Summary of support to be provided by Employer or Worksite Mentor**

- **Summary of support to be provided by other resources (family, state agency, VR, peers)**

- **What are the current support gaps and barriers?**

- **What is the plan to overcome them?**

Signatures of:

Consumer: _____

Staff: _____

Other(s) in support roles:

Date: